

<b>POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><b>Application Number</b></td> <td>10/582,006-Conf. #8938</td> </tr> <tr> <td><b>Filing Date</b></td> <td>June 7, 2006</td> </tr> <tr> <td><b>First Named Inventor</b></td> <td>Ching-Juh Lai</td> </tr> <tr> <td><b>Title</b></td> <td>MONOCLONAL ANTIBODIES THAT BIND OR NEUTRALIZE DENGUE VIRUS</td> </tr> <tr> <td><b>Art Unit</b></td> <td></td> </tr> <tr> <td><b>Examiner Name</b></td> <td></td> </tr> <tr> <td><b>Attorney Docket No.</b></td> <td>84403(47992)</td> </tr> </table>	<b>Application Number</b>	10/582,006-Conf. #8938	<b>Filing Date</b>	June 7, 2006	<b>First Named Inventor</b>	Ching-Juh Lai	<b>Title</b>	MONOCLONAL ANTIBODIES THAT BIND OR NEUTRALIZE DENGUE VIRUS	<b>Art Unit</b>		<b>Examiner Name</b>		<b>Attorney Docket No.</b>	84403(47992)
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I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.  
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☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

46037

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Practitioner(s) Name	Registration Number	Practitioner(s) Name	Registration Number

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:  
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I am the:

☐ Applicant/Inventor.  
**OR**

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on \_\_\_\_\_

**SIGNATURE of Applicant or Assignee of Record**

Signature <b>/Peter F. Corless/</b>	Date <b>September 11, 2009</b>
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Title and Company <b>Attorney for Assignee</b>	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 1 forms are submitted.